

**APPLICATION FOR APPROVAL OF CONTINUING EDUCATION
FOR ALCOHOL/DRUG ABUSE COUNSELORS**

Certified Counselor Form

(Print or Type)

Counselor: _____

Certificate Number: _____

Address: _____

Telephone: (____) _____

(Street/P.O. Box)

(City/State/(Zip)

Type of Training ☐ College/University Course
 ☐ Program Presented Outside State of Nebraska

1. Program/Course Title and Number: _____

2. Program/Course Date(s): _____

3. Program/Course Location (City, State): _____

4. Training Provider/Sponsor: _____

Address (City, State): _____

5. Hours Requested for Approval (exclusive of breaks, meals, etc.): _____

6. How is this training alcohol/drug specific or relevant to alcohol/drug clinical practice: _____

Check below to indicate that each of the following items are attached:

☐ Description of the program content, objectives and methods of presentation.

☐ Agenda with outline of time frame for instruction, registration, breaks, meals, etc. For college courses, information on number of credit hours.

☐ Names(s) of presenter(s) and information on each presenter(s) qualifications.

Signature: _____

Date: _____

Mail completed form and attachments to: Credentialing Division, Alcohol/Drug Abuse Counseling
PO Box 94986, Lincoln, NE 68509-4986.

For Division Use Only

The above training is: Approved ☐ Denied ☐

Hours Approved: _____

Approval Number: _____

Reason For Denial: _____

Division Authority _____

Date _____